A PSYCHIATRIC CONTRIBUTION TO THE STUDY OF DELINQUENCY[1]

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CLASSIFICATION.

The subject of delinquency is one which has attracted the attention of experts in many fields from earliest times. Of late years there has been a tendency to regard delinquency as a manifestation of abnormality if not of disease. There has been considerable discussion as to whether criminology should not be taken from its close association with law and placed in more intimate relations with psychiatry. In the eyes of some, it is in itself a branch of science. Others regard it as merely a borderline science between law, medicine and economics.

While it is undoubtedly an encouraging fact that the attitude of the community towards delinquency is rapidly changing and is assuming more the position of sympathetic inquiry into the causes and remedies, it is none the less a fact that the law remains as of old,—sternly searching for the responsible parties.

The medical sciences are pushing on into this new and undiscovered field, and are outstripping their phlegmatic, more ponderous and cautious neighbor, the law. The social worker, battling in the wake of the medical man, is impatient at the law's delays, and is somewhat perplexed by the discrepancy between the medical point of view and the legal point of view. We are too apt to blame the law and to exalt science in this connection. As a matter of fact, we are forced to the conviction that the law will be changed the instant that science gives a definite basis for such change. The truth is that medicine, and psychiatry in particular, has not yet delimited the problem or discovered sufficient facts to warrant definitions of such precision that the law can note them.

At a meeting held during the winter of 1916, at the call of the Massachusetts State Board of Insanity, to discuss the problem of the defective delinquent, a great many of those present expressed the wish which is in the minds of all, that the term "defective delinquent" be defined. Dr. Walter E. Fernald, as one of the sponsors of the

[1]Being Contributions of the Mass. Commission on Mental Diseases, whole No. 173 (1916.21). The former contribution 1916.20, 162 was by Helen M. Wright, entitled "Routine Mental Tests as the Proper Basis of Practical Measures in Social Service: a first study made from 30,000 cases cared for by 27 organizations in Boston and surrounding districts.

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defective delinquent law, Chapter 959, Acts of 1911, replied that the definition was not important because we all knew what we meant by the term "defective delinquent," in general, and that whatever the definition might be, the law recognized the classification, and that therefore it had become a legal rather than a medical problem.

This represents fairly the position of nearly everyone who has to deal with this subject. We all recognize the term, and in a good many instances agree in the diagnosis. We each of us, however, have our own ideas and prejudices in regard to delinquency and nobody wants to set up a hard and fast definition such as would be necessary from a legal point of view. While this is an eminently scientific attitude, it has its disadvantages in that it causes disagreements among experts in passing on specific cases, and in that it confuses the judges and other officials who have to deal with the correctional side of the problems involved.

According to the definition contained in the above-mentioned law, a defective delinquent is, first, "an individual who has committed an offense not punishable by death or imprisonment for life, but who ordinarily might be committed to a state prison, a reformatory, jail, or house of correction, to the state farm or the industrial school, a truant school, or to the custody of the State Board of Charity as mentally defective." Second, "an offender while under commitment to any of the institutions or to the Board named above, who persistently violates the regulations of the institution or the Board in whose custody the offender is, or who conducts himself or herself so indecently, or immorally, or otherwise so grossly misbehaves as to render himself or herself an unfit subject for retention in said institution or said Board, and who is mentally defective."

The two points in this definition are, in the first place, that the individual is found *mentally defective,* and, in the second place, that he *persistently* violates regulations or conducts himself in some *unusually* offensive manner. Under this law, of course, great latitude is given to the physicians who certify to the diagnosis, in that it is not definitely stated just what constitutes mental defectiveness. In the second place, the element of delinquency is not fairly defined since a persistent violation of the regulations of the institutions is made sufficient for the diagnosis. While, no doubt, this allows of sufficient liberality in interpreting the law, and in this respect is wise, it is not sufficiently definite in delimiting the classification so that in case of a difference of personal opinion it would be very hard to decide which contestant was right.

The element of defectiveness usually is interpreted on the basis of some set of intelligence tests, such as the Binet Simon, the Yerkes Bridges, or the Terman scale. Granting, for the moment, that it is possible by means of these tests to determine mental defect accurately, it is the experience of everybody that a group remains that are proved not defective by these scales, who nevertheless present the same problems in regard to delinquencies that are observed in the frankly feeble-minded. According to the defective delinquent law, as proposed, a certain amount of re-classification in the different institutions would be possible and disturbing individuals might be sent to a place especially provided for them instead of being mixed with the more tractable inmates of the schools for the feeble-minded, the state hospitals, and so forth.

No provision is made by this act for the group that are proved not defective by intelligence tests and who none the less show in many ways that they are not fully endowed.

In England, August, 1913, a law was passed which is commonly known as the "Mental Deficiency Act of 1913," and which became operative on the first of April, 1914. This act deals not only with defectives in the common understanding of the word, but also with the individual who is not defective or not insane, but, none the less, subnormal. The law, as it stands, begins with a definition of defectives which are divided into four classes:

1. *"Idiots,* that is to say persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers.

2. *Imbeciles,* that is to say persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or in the case of children, of being taught to do so.

3. *Feeble-minded* persons, that is to say persons in whose cases there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision and control for their own protection or for the protection of others, or in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools.

4. *Moral Imbeciles,* that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious

or criminal propensites, on which punishment has had little or no deterrent effect."

The main contribution of this law seems to be that its definitions are sufficiently accurate for ordinary purposes, and yet make adequate allowance for the special needs of individual cases. Particularly useful is the definition of moral imbeciles, though the term is open to discussion, which calls for "strong vicious or criminal propensities, *upon which punishment has had little or no deterrent effect.*"

It is not possible to say anything in regard to the workings of the English law, since it went into force only a few months before the outbreak of the European war. It would be interesting to know how the term "mental defect" is interpreted in the application of this law, and whether the certifying physicians will require a failure to pass the Binet-Simon tests in order to allow the diagnosis of "permanent mental defect."

Kraepelin, in the 8th edition of his "Psychiatrie," introduces the term "oligophrenia" for the English "feeble-minded." He says in discussing this group, that this is an extremely varied group of disease forms showing only a single common characteristic, namely, "early disturbances of the general physic development." Kraepelin considers that these defects are caused generally by a pathological lesion affecting in some way the physical foundations. He recognizes the cause of all defects in spite of many difficulties, as trifold, namely, hereditary degeneration, an injury to the germ plasm, and acquired disease. It is interesting to observe that in the same volume Kraepelin groups the so-called moral insanity under Psychopathic Personality, and not under the oligophrenias. The main distinction lies in this point, that psychopathic personalities, which include the groups to be mentioned below, are characterized by circumscribed defect of psychic development. This contrasts psychopathic personality with oligophrenia, in that the former is a circumscribed infantilism, whereas the latter is a general or diffuse infantilism.

Kraepelin classifies the psychopathic personalities as follows:

1. EXCITABILITY (*Die Erregbaren*—KRAEPELIN).

The chief characteristic of this class is that the individuals are, as a rule, brought to the attention of the physician or to the courts as a consequence of a violent excitement, which was the result of *external* irritation. Usually, this excitement has resulted in actions which have endangered the life and health of the patient himself or of strangers or in some way endangered the public safety. After the disappearance

deduced, and that is that this inability to adapt oneself to the demands of human society is the result of an impoverished emotional life.

This congenial lack of proper emotional reactions is generally called moral insanity (Prichard, 1835), or the "folie raisonant" of the French. The treatment of these patients must begin so far as possible in early childhood by means of education. Prolonged good effects can be hoped for only in those cases in which no pronounced criminal tendencies exist.

6. Contentious Individuals.

The intelligence of the contentious individuals is usually moderate though not subnormal. There is an increased emotional irritability and increased egoism. This also is an unclear group, midway between one of the previously mentioned ones and the Querulantenwahr (litigation psychosis).

So much for the classification and description of this class of cases as given by Kraepelin.

It is clear that we are dealing with a group of individuals who are so nearly normal that it is only in the course of years and by the effect of cumulative evidence that they appear in any way different from the average.

There are two main factors to be considered. The one is the intelligence of the individual, his ability consciously and logically to direct his conduct. The other is the emotions. Whatever the peculiarities of the individual, whatever his special experiences in the main, these two factors can be distinguished in his activities.

The former is commonly supposed to be the highest attribute of the mind, to have been acquired at a late stage in the development of the species. The latter is of fundamental significance for the organism, and has developed out of the instincts. Both factors exist in every individual and practically never operate independently.

In health, the two are well integrated. The emotional impulses, the temperamental tendencies, or, to use the word of the biologist, the tropisms, exert often opposing tendencies towards each other and towards the guiding intelligence There is therefore a very marked distinction between the action of the tropism and that of the intelligence, namely, that the former exercises an episodic effect, whereas the latter is more or less continuous.

William James says that "bodily changes follow directly the perception of the exciting fact, and our feeling of the same changes as they occur *is* the emotion." "Objects excite bodily changes—the

changes are so indefinitely numerous and subtle that the entire organism may be called a sounding board." "Every one of the bodily changes, whatsoever it be, is felt acutely or obscurely the moment it occurs." "If we fancy some strong emotion, and then try to abstract from our consciousness of it all feelings of its bodily symptoms, we find ourselves with nothing left behind."[4]

Cannon has recently brought supporting evidence for this theory in his work in connection between the internal secretions and emotions of pain, hunger, fear and rage.[5]

Granting then that the emotions are transitory and intense, that they are associated with strong physical effects which are felt by the individual, that they create corresponding memories and thus lead easily to habits of many sorts, it would seem that in the analysis of individuals, normal or pathological, a consideration of these factors must come first.

It is manifestly impossible to analyze human nature at all adequately in the present state of our knowledge. It also seems probable that many generations of men must pass before this can be done with such a degree of accuracy that scientific prediction may be possible. This is a situation not unfamiliar to other branches of medicine. Some analogies pertinent to the present inquiry may be made with the study of immunity. Some twenty years ago, the immunologists found themselves confronted with a very similar dilemma.

When Ehrlich first proposed his side-chain theory, he suggested that it might be a long time before chemistry would be able to explain the phenomena of immunization as evidently must be done if we are to have an accurate, scientific knowledge of the subject. Assuming symbols for unknown chemical entities, Ehrlich and his school worked out a complex system of immunology which has served its purpose most satisfactorily and has advanced the knowledge of the subject beyond all hopes, although in the meantime, chemistry has done very little to increase our definite knowledge of the specific substances involved in these reactions.

Similarly, it will take the psychologists, the neuro-pathologists, and the physiologists a long time to work out accurate explanations of the recognized phenomena. The painstaking psychological analysis of the individual cases by time-consuming methods is thus placed in a position similar to chemical analysis of immune bodies. Upon improvement along these well-organized lines depends probably the future

[4]James, Psychology, Vol. 2, p. 446.
[5]Cannon, Walter B., The Emotions of Pain, Hunger, Fear and Rage.

of this field as well as every other biological problem. In the meantime, we need methods which will enable us to deal with the increasing numbers of subjects that come under our professional care, or that perplex the law courts and the schools.

In this sense, I propose to classify the individuals that present mental or social difficulties in three groups. These groups are understood to be meant as symbols for unknown quantities rather than as explanations or precise definitions. The three groups are, in the first place, the group in which the intelligence is found to be below the lowest normal level. This is called the group of *defectives,* or the *inadequate.* Into this group fall the feeble-minded, the "Oligophrenias" of Kraepelin, the end stages of dementia praecox, and of other deteriorating psychoses; of presenile, organic dementia, and so forth.

The next group, *emotionally unstable,* includes individuals who have average intelligence or better, but who show in their conduct and in their careers the predominating influence of the emotions. They are moody, changeable, impulsive, and in general it may be said that their conduct itself does not correspond to their beliefs, or intentions.

The third group, the *paranoid,* includes individuals of average intelligence or better in whose careers the emotional influences are of secondary importance, but whose main difficulties are a result of mistakes in logical thought processes. The well-known characteristics which are exhibited in extreme form by the paranoid psychoses, these individuals show often to a degree which falls just short of a delusional state, egocentric ideas, and prejudices. Everything that occurs about them is referred to themselves. Their first reaction is to determine what effect any extraneous circumstance may have upon themselves. They are selfish, vain and arrogant. If they feel in optimistic mood, they are contemptuous of others. If depressed, they are resentful. Though this is a trait of the intellect, it does not necessarily interfere with their intellectual abilities, and these people are often very efficient.

These three groups can be separated only theoretically. There are many cases that are composite, so that their characteristics fall into two or into all of these groups. Thus, few paranoid individuals go through life without strong emotional reactions which often lead to social difficulties. Similarly, the emotionally unstable will, especially during paroxysms of rage or depression, often exhibit paranoid symptons. The defective group may show paranoid tendencies and emotional instability.

The distinction lies rather in the behaviour of the individual as observed in the course of years than in a definite quantitative difference to be observed at a single examination. The introspective psychologist will attempt to determine in each individual by psychoanalysis or other means what the mechanism of the disturbance is. He may succeed in doing this, and still be unable to predict the future course of the individual.

The behaviourist psychologist will not lay too much weight on the results of a single examination by whatever method, but will lay more emphasis upon the history of the case, and the previous experiences of the individual and, above all, upon the reaction of the individual to certain test situations during a period of observation.

This behaviourist method offers the hope of a short cut in dealing with these individuals.

An examination of a hundred cases of unemployment[6] made at the Psychopathic Hospital gave the following interesting results. These one hundred unselected cases consisted of men between the ages of 25 and 55, who had been admitted to the Psychopathic Hospital in the usual way for examination as to sanity or for treatment, and the following observations were made:

Of these one hundred cases, forty-three were classified as paranoid, thirty-five as defective, twenty-two as emotionally unstable. The paranoid and the defective groups, therefore, form 78 per cent of the cases which fits well with the generalization that the emotionally unstable on the whole are well liked and popular with their fellows, that the paranoid cases, on the other hand, are usually very unpopular.

The number of different jobs held by the individuals arranged in groups are as follows: The total number of jobs of these hundred men were two hundred and seventy-eight during the five years previous to admission. Of these, the paranoid individuals had one hundred and thirty-four, or an average of 3.1 jobs per patient. The defective had ninety-five, an average of 2.7 jobs. The emotionally unstable had forty-nine jobs, an average of 2.2. This shows that the paranoid individuals changed their employment oftener, almost twice as often, as the emotionally unstable.

The months employed showed the same relation. Paranoid individuals averaged 20.6 months for each job. The defective averaged 24.3 months, while the emotionally unstable averaged 50 months for each job.

[6]Journal of Mental Hygiene, Vol. I, No. 1, January 1917.

It will be seen from this, as well as from the descriptions given by Kraepelin, which are corroborated by most of those who have had experience with the social problems connected with mental disease, that there is one important difference between the careers of these people and those of average healthy persons. This is, namely, an apparent inability of the delinquent to learn by experience. This fact is taken note of particularly in the English mental deficiency law, and seems an important point to consider in every case.

When Ehrlich devised his side-chain theory, he borrowed a generalization from Weigert. The latter had observed in his pathological studies that when the body is injured in such a way that complete disintegration does not result, the reaction is an over-production of defense by repair. Thus, a fractured bone, when it knits, will produce a union which is stronger than the original bone on account of an increase of callous formation. The same is true in the repair of other tissues. Ehrlich made use of this law which he called Weigert's law, in explaining the reaction of immunity thus: If toxic substances are introduced into the organism in amounts not sufficient to kill, the individual reacts by an over-production of defenses, in other words, by becoming immune.

One might apply this to the formation of habits—good or bad—to the acquisition of emotional control in delinquents. If the individual is exposed to conditions which are not enough to disable him permanently, he should react by an over-production of defenses.. This is implied by the popular proverb, "The burnt child dreads the fire." The defective delinquent in this sense might be termed a burnt child that does not dread the fire: the mere burning with all its unpleasant experiences is not sufficient to create the defense habits which will prevent its recurrence.

The thresholds for these reactions must lie at different levels in different individuals. This is a point for analysis in each case. Undoubtedly, there are individuals so far deviated from the average, that practically no amount of experience, even under the most careful guidance, will produce resistance.

For the purpose of testing some of these deductions a second series of one hundred unselected cases was gathered. These cases were taken in the order of their admission to the hospital, excepting only those that presented no definite social problem. They included both men and women. In each of these cases a thorough mental and physical examination was made, and a psychological examination to

determine feeble-mindedness, and a more or less thorough social examination to determine their difficulties in the community.

While all of these one hundred cases had been investigated by the social service department, it was not possible to obtain sufficient information about all of them to enable us to classify in the above manner each case studied. There was, however, sufficient information at hand to enable us to classify forty-five of these one hundred cases as follows: Sixteen as inadequate, three as unstable, thirteen as paranoid, and eight as mixed.

The unstable group, unfortunately, turns out to be too small to be of much use, and the different combinations in the mixed form are too varied to allow of any correlations. Contrasting the inadequate group with the paranoid group, we find seventeen cases of delinquency in the former and thirty-nine in the latter, or an average of one delinquency to each individual of the inadequate group as compared with three delinquencies to each individual of the paranoid group. The social difficulties of the inadequate group are scattered through a series of delinquencies such as alcohol, sex, lying, swindling, contentiousness, emotional outbursts, and suicidal attempts. In the paranoid group contentiousness and attempted suicides make up one-half of the social difficulties.

An attempt was also made to gain some information as to the careers of the individuals in regard to the three points: (1) Whether the social condition had improved, (2) whether it had remained the same, (3) whether it had become worse. The inadequacy group were fairly evenly divided in these three respects. Six cases had improved socially, three had remained the same, and seven had become worse. In the paranoid group, four had improved, two had remained the same, and seven had become worse.

It is, of course, quite obvious from this statement that these figures cannot be taken as more than an indication of what a study of this sort if carried consistently through a number of years might show. None the less, while merely straws indicating which way the wind blows, they are sufficiently suggestive to justify the conclusion that in the psychiatric analysis of delinquency, the emphasis should not be placed upon the delinquency, but upon the delinquent.

On account of the attitude that the law takes in this regard, delinquents are classified usually without much thought according to their delinquencies. If this analysis does nothing more, it at least serves to show that such a classification is not only of no use to one

interested in the therapeutics of this problem, but that it is based upon false assumptions.

The dramatization of a social incident which might have far reaching influence upon the future career of an individual is of great human interest, but after all, of minor psychiatric importance. A person who, in a fit of rage picks up an object and hurls it at another, might find himself merely jeered at by his neighbors if the missile falls short, or may be subjected to a fine in court for breaking a plate glass window, or he may find himself charged with manslaughter or attempted homicide. Each of these criminal charges has an entirely different importance in the eyes of the law. To the psychiatrist they are the results of the same cause. If such an individual is to be classified by his delinquency he might find himself at one time a disturber of the peace, at another time a murderer.

Furthermore, just as the individual might commit different sorts of crime, so the same crime might be committed by individuals belonging to entirely different types. It is important, therefore, to be as objective as possible towards what I have above called the dramatization of the incident, to what the newspaper men would call the "news value" of the story, in short, to all those sides of the incident which we have been taught to appreciate by writers of literature and to lay emphasis not so much upon *what* act was done as upon *what sort of act* was done.

In every given case of delinquency or social difficulty it should be determined whether the difficulty is chiefly due to inadequate intelligence, to emotional instability or to paranoid disposition. Nothing can be gained by endeavoring to increase the intelligence of a mental defective. Nothing can be expected from an attempt to change the personality of the paranoid individual. A great deal can be accomplished, however, in controlling the emotional instability of those whose chief difficulty is the result of such instability, as well as the emotional difficulties of the paranoid and defective group.

Classification such as the one suggested in this communication is, of course, entirely too simple to completely satisfy all the demands in the individual cases, and it is to be hoped that this classification may be altered and amplified, or perhaps completely reconstructed till finally a working method may result, but even now, without general information of the subject, such a simple scheme as this one proposed, has served not only to keep the ideas of the examiner grouped in orderly fashion, and thus to prevent disorderly and unclear thinking on his

part, but it has actually appeared to be of benefit when it was applied as a basis of therapy in these cases.

It would seem that by careful training based on an analysis of each individual—especially from the behaviourist's point of view, considering the past life and career rather than the self-explanatory, subjective statements—it should be possible to influence the future conduct of these individuals. While their fundamental equipment cannot be changed any more than that of the other two groups, these people suffer more from the effects of their conduct than from their subjective attitude towards themselves or their environment.

Thus, as Kraepelin points out, alcohol is an important factor in producing the final downfall. Extravagence, profligacy, sex excesses, bad companionship, and so forth, are the factors which combine to cause the social difficulties. The suggestibility of these individuals, their intelligence and insight, which is usually quite adequate for their needs, can be made use of in acquiring and strengthening the habits which the individual would never be able to gain if left to himself.

What is desired, therefore, is a system of mental and emotional exercises for the purpose of habit formation. This might be designated as *orthopsychics*. This term is further applicable in that a good many of those cases are instances not of disease in the sense of an acquired, deteriorating process, but rather comparable to physical deformaties. For the present, our experiences in orthopsychics, is limited. We have had a few cases in which, after a preliminary survey at the Psychopathic Hospital, a course of training has been appiied, which has consisted above all in arousing the interests and appealing to the pleasure-loving side of the individual. It is a well known fact, for instance, in dealing with wayward young people that even under the most advantageous circumstances and even with the most favorable and friendly environment, the individuals do not do well. This appears to be due to the fact that the emotional impulses are of short duration and leave no strong impression behind them. Therefore, when the novelty of a situation has worn off, there is nothing to hold the interests of the delinquent and tide over the tedious days of monotonous routine.

We have proposed in a number of cases (and have carried it out to some extent in a few) to arrange to change the environment of each individual before the novelty has quite worn off. The length of time in which an individual stays in each home varies in each instance, and must be determined carefully each time. We are all so

prejudiced by our early ethical training that it is difficult to be perfectly objective in dealing with these people. It is hard to eliminate pedagogic and purely academic demands for that which we consider right. None the less, this must be done, and in every instance, in every disagreement, at every change in the routine of the individual, emphasis must be laid on the fact that it is done from a medical point of view, that is, from a point of view of therapy and help, with kindly feelings toward the patient, and never as a corrective or as a punishment, and above all, never vindictively.

This plan has succeeded in a number of non-institutional cases, which were rather better off than the institutional cases, because of the fact that the financial condition of these individuals permitted an adequate provision for their care. The state at present makes no allowance for this sort of therapy, and even experimental work which is as yet hardly to be ventured, requires funds which are at present entirely lacking.

Education and training, therefore, rather than punishment are the methods that hold out a chance of success. These individuals are not able to learn by experience. They receive the equivalents of punishment in their daily life, which are sufficient to influence the formation of adequate resistance in a normal individual. In these individuals, while they often recognize the full significance of those circumstances in which their delinquencies placed them, their experiences have no corrective influence.

To punish such an individual, therefore, is to increase his defeat rather than to strengthen his defenses. It is like administering alcohol to the patient suffering from delirium tremens. It is like injecting diphtheria toxin into the circulation of a patient suffering from diphtheria. We may draw a final analogy from immunology in applying this therapy:

The first duty is protection against the immediate effects of the acute attack. In our cases, this means freeing them from their immediate difficulties, supplying them with food and lodging, helping them to recover from alcohol and drug intoxication, relieving their physical symptoms, curing them of venereal disease, and building up their physical health.

In the second place, immunization: This is often in the nature of after care, and cannot be achieved at once, but can be accomplished by a building up of the defense habits, by training, and not by overwhelming an already breaking organism with the hostile conditions, but by gradually strengthening their habits so that they will meet the

particular unfavorable conditions without fear of breakdown. In the group of emotionally unstable, this offers great hope. In the paranoid and defective groups, at least, a palliative effect may be hoped for.

At present, the practice is to attend more or less thoroughly to the first of these requirements, that is, relieving the patient's immediate needs. When the after effects have disappeared and the patient once more seems normal, he is sent out into the world, in most cases, merely to repeat the offense that brought him under observation in the first place. Here, where treatment ordinarily leaves off, is where the special and most important part of the therapeutic effort should begin. And in this respect the penal institutions no less than the hospitals for psychopathic cases must assume responsibility.

I wish to express my indebtedness to Miss Helen M. Anderson of the Social Service Department of the Psychopathic Hospital at Boston, for valuable help in making the tables, in gathering the social information about the cases tabulated, and in trying out some of the deductions in selected cases.